MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/658093	

APPLICANT(S)

2/28/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—						51						
2		1					52						
3	1						53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13							63						
14							64						
15							65						
16							66						
17		1					67						
18							68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30							80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40		1					90						
41							91						
42							92						
43							93						
44							94						
45		1					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	42						TOTAL CLAIMS						

2 of 2

SERIAL NO.	FILING DATE
101658093	
APPLICANT(S)	

2/28/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/			51		/				
2				/			52		/				
3				/			53		/				
4				/			54		/				
5				/			55		/				
6				/			56		/				
7				/			57		/				
8				/			58		/				
9				/			59		/				
10				/			60	/					
11				/			61	/					
12				/			62	/					
13			/				63	/					
14				/			64	/					
15				/			65	/					
16				/			66	/					
17				/			67	/					
18				/			68						
19				/			69	/					
20				/			70	/					
21				/			71	/					
22				/			72	/					
23			/				73		/				
24				/			74		/				
25				/			75		/				
26			—	—			76		/				
27				/			77		/				
28				/			78		/				
29				/			79		/				
30				/			80		/				
31				/			81	/					
32				/			82		/				
33				/			83	/					
34				/			84		/				
35				/			85		/				
36				/			86		/				
37				/			87		/				
38				/			88		/				
39				/			89		/				
40				/			90		/				
41				/			91		/				
42				/			92		/				
43				/			93	/					
44				/			94	/					
45			—	—			95		/				
46				/			96	/	/				
47				/			97		/				
48				/			98		/				
49				/			99		/				
50				/			100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						